

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ainsworth et al.

Title: SERVICE TRACKING AND
ALERTING SYSTEM FOR
FITNESS EQUIPMENT

Appl. No.: 10/765,704

Filing Date: 01/26/2004

Examiner: Richman, Glenn E.

Art Unit: 3764

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below:	
<u>Todd A. Rathe</u> (Printed Name)	
_____ (Signature)	
_____ (Date of Deposit)	

RESPONSE AND AMENDMENT UNDER 37 CFR 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	-	=	0	x	\$50.00	=	\$0.00
Independent Claims:	-	=	0	x	\$210.00	=	\$0.00
First presentation of any Multiple Dependent Claims:				+	\$370.00	=	\$0.00
				CLAIMS FEE TOTAL		=	\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$460.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,050.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,640.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

- ☐ Please charge Deposit Account No. 50-1959 in the amount of \$. A duplicate copy of this transmittal is enclosed.
- ☐ A Change of Correspondence Address, Power of Attorney and 3.73(b) are enclosed.
- ☐ A Credit Card Payment Form authorizing a charge in the amount of 0.00 to cover the total fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-1959. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1959. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-1959.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

February 28, 2008

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By

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